

# Program Memorandum Carriers

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal B-03-019

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CHANGE REQUEST 2343

**SUBJECT: Durable Medical Equipment Regional Carriers (DMERCs) and Part B Carriers on the VMS Standard System—Short Descriptions of National Modifiers on the Healthcare Common Procedure Coding System (HCPCS) Tape**

## I - GENERAL INFORMATION

**A - Background:** CMS requires the use of HCPCS codes to identify items that suppliers and providers submit to the Part B carriers and DMERCs for payment. Modifiers, which provide the carriers and DMERCs with more information about a HCPCS code, are part of the national HCPCS code set.

**B - Policy:** CMS has learned that the DMERCs and Part B carriers on the VMS standard system are experiencing some confusion about what “short description” to use on Medicare Summary Notices (MSNs) when there is a modifier on the claim for which they print the short description. CMS has taken the position that the short description on the modifiers presently listed in MCM §7006.2.C should match what is present on the HCPCS tape that the carriers, DMERCs, and standard systems get from CMS and should be the short description used on MSNs. DMERCs and VMS must always use the short description on the HCPCS tape.

## II - BUSINESS REQUIREMENTS

- *use the word “must” to indicate a mandatory action*
- *use the word “will” to indicate an optional action*
- *Resp. column is optional*

Req. #	Requirements	Resp.
1	VMS, carriers on the VMS standard system, and the DMERCs must ensure that the short descriptions for modifiers for which they print short descriptions on MSNs match the short descriptions on the HCPCS tape.	DMERC/ VMS/B carriers on VMS
2	When new HCPCS updates come out in the future, VMS, local carriers on the VMS standard system, and the DMERCs must ensure that the short descriptions for modifiers match those given on the HCPCS tape.	DMERC/ VMS/B carriers on VMS

### III - Supporting Information and Possible Design Considerations

#### A – Other Instructions: N/A

X-Ref Req. #	Instructions

#### B – Design Considerations: N/A

X-Ref Req. #	Recommendation for Medicare System Requirements

#### C - Interfaces: N/A

#### D - Contractor Financial Reporting /Workload Impact: N/A

#### E - Dependencies: N/A

#### F - Testing Considerations: N/A

### IV - Attachment(s)

Version: 9/6/02	Effective Date: July 1, 2003
Implementation Date: July 1, 2003	Funding: normal operating budget
Discard Date: June 30, 2004	Pre-Implementation Contact: Renée Hildt, <a href="mailto:rhildt@cms.gov">rhildt@cms.gov</a> or (410) 786-1446
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